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Fax

To: Examiner Budd 2834
Fax: 703-872-9318 **Date:** August 5, 2003
Phone: 703-308-3929 **Pages:** 5
Re: 09/038,717 **CC:**
36856.64

Comments:

Dear Examiner Budd,

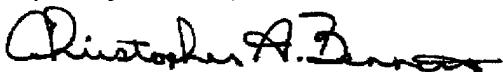
Please find attached the following documents for the above-identified application:

1. Request for Reconsideration;
2. Petition for two-month Extension of time; and
3. Credit card form payment in the amount of \$410.00.

FAX RECEIVED

AUG - 5 2003

Respectfully submitted,



Christopher A. Bennett
for
KEATING & BENNETT, LLP
(Registration Number 46,710)

TECHNOLOGY CENTER 2800

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted to Group Art Unit 2834, 703-872-9318, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: August 5, 2003

Sonia V. McVean

PATENT
36856.64

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michio KADOTA

Art Unit: 2834

Serial No.: 09/038,717

Filed: January 28, 1998

Examiner: M. Budd

Title: SURFACE ACOUSTIC WAVE DEVICE

PETITION FOR EXTENSION OF TIME

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COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

AUG - 5 2003

TECHNOLOGY CENTER 2800

Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicant hereby petitions for a two-month extension of time to respond to the outstanding Office Action dated March 6, 2003, or until August 6, 2003.

Enclosed is a check for \$410.00 to pay the two-month extension fee in accordance with Rule 1.17(a)(2).

The Commissioner of Patents is authorized to charge any amount due, or credit any overpayment, to Deposit Account No. 50-1353. A duplicate copy of this paper is enclosed.

DATED: August 5, 2003

Respectfully submitted,

Christopher A. Bennett
Attorney for Applicants
Registration No. 46,710

KEATING & BENNETT, LLP
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Fairfax, Virginia 22030
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PTO-2038 (02-2000)

Approved for use through 01/31/2003, OMB 0651-0043

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UNITED STATES PATENT & TRADEMARK OFFICE
Credit Card Payment Form
Please Read Instructions before Completing this Form **TECHNOLOGY CENTER 2800**

AUG - 5 2003

Credit Card Information

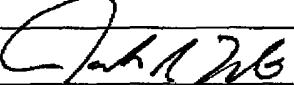
Credit Card Type:	Visa	Master Card	<input checked="" type="checkbox"/> American Express	Discover
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Credit Card Account #: 3715 318560 14001

Credit Card Expiration Date: 05/2006

Name as it Appears on Credit Card: Joseph R. Keating

Payment Amount: \$ (US Dollars): \$410.00

Signature:  Date: August 5, 2003

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

Credit Card Billing Address

Street Address1: 10400 Eaton Place

Street Address2: Suite 312

City: Fairfax

State: VA Zip/Postal Code: 22030

Country: U.S.A.

Daytime Phone #: (703) 385-5200

Fax #: (703) 385-5080

Request and Payment Information

Description of Request and Payment Information:

Petition Fee for Two-Month Extension of Time

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/038,717	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No	Registration No.	
Attorney Docket No. 36856.64		Identify or Describe Mark	

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